

PCIN:	SPACE SHUTTLE PROGRAM CHANGE EVALUATION				PAGE OF	
CR NUMBER:					BOARD DATE	
EVALUATED BY:		OFFICE:		PHONE NUMBER:		
CHANGE TITLE:						
IMPACT DESCRIPTION:						
IMPACT OF NON-INCORPORATION:						
RECOMMENDATION/REMARKS:						
APPROVED BY:	PSI:	ET:	SRB:	RSRM:	SSME:	S&MA: ED:
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature (Space Shuttle Board Member) </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date </div> </div>						

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